



**OFFICE OF THE CLERK OF THE SUPERIOR COURT  
AMANDA STANFORD**

CLERK OF THE SUPERIOR COURT, PINAL COUNTY JURY COMMISSIONER/PROBATE REGISTRAR  
**CHILD SUPPORT ARREARAGE CALCULATION REQUEST**

PO BOX 2730  
FLORENCE, ARIZONA 85132

TELEPHONE: 520-866-5321  
FAX: 520-866-5377

☐ **ARREARAGE CALCULATION REQUEST - \$60.00**

(Includes audit determination letter, print out of payment history)

☐ **CERTIFIED ARREARAGE CALCULATION REQUEST - \$90.00**

(Includes audit determination letter, print out of certified payment history)

I would like my request to be:

☐ Mailed to the address below for an **additional postage and handling fee of \$7.00.**

☐ E-mailed to me at \_\_\_\_\_

**(Non-certified copies only)**

☐ I will pick up my request. I understand I will be notified by phone when my request is available for pickup.

DATE OF REQUEST: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ ATLAS NUMBER: \_\_\_\_\_

CASE NAME: \_\_\_\_\_ & \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

(PLEASE PRINT)

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE OF REQUEST: \_\_\_\_\_

☐ MAILED: ☐ EMAILED: ☐ HAND DELIVERED DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Payment: ☐ Support Arrear calc fee ☐ Support Pay History fee ☐ Certification ☐ Postage and Handling